

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		1						
2		1					52		1						
3		1					53	1							
4		1					54		1						
5		1					55		1						
6		1					56		1						
7		1					57		1						
8		1					58		1						
9		1					59		1						
10		1					60		1						
11		1					61		1						
12		6					62		1						
13		6					63	1							
14	1						64	1							
15		1					65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
20		1					70								
21		7					71								
22		7					72								
23		7					73								
24		1					74								
25		1					75								
26		1					76								
27	1						77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36		7					86								
37		1					87								
38		1					88								
39		1					89								
40		5					90								
41		1					91								
42		1					92								
43	1						93								
44		1					94								
45		1					95								
46		1					96								
47		1					97								
48		1					98								
49		1					99								
50		1					100								
TOTAL IND.							TOTAL IND.	7							
TOTAL DEP.							TOTAL DEP.	89							
TOTAL CLAIMS							TOTAL CLAIMS	96							